PATENT Attorney Docket No. 076779 (earlier No. 79590)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Dr. Saeid Esmaeilzadeh

Confirmation No.: 7958

Application No: 10/541871 Art Unit:

1793

Filed:

07/11/2005

Examiner:

Group, Karl E.

Title:

GLASS MATERIAL AND METHOD OF PREPARING SAID GLASS

PETITION/REPLY/AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Submitted via EFS-Web

Sir:

In response to the Notice of Improper Request for Continued Examination (i.e. subsequent to abandonment) the Applicant hereby petitions under §1.137(b) for revival of the present application. It is hereby certified that the entire delay in filing the required reply from the due date for the reply until the filing of a grantable petition pursuant to this paragraph was unintentional. The petition fee as set forth in §1.17(m) may be deducted from our Deposit Account No. 501249.

Contingent upon the granting of the above petition: In response to the Advisory Action of 6 June 2008, the applicant makes a further request for Continued Examination, since the amendments raise new issues that would require further consideration and/or search. The fee for Continued Examination is hereby authorized to be deducted from Deposit Account No. 501249. The applicant provides the following amendments and remarks.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

Adjustment date: 10/28/2008 CKHLOK 07/22/2008 INTEFSW 00005967 501249 02 FC:1801 810.00 CR

10541871

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 10/16/08 2 Serial/Patent # 10/54/87/					
Please refund the following fee(s):		4 PAP NUM		5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
-	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
·X	Other				\$ 810.00
		7 TOTAL AMOUNT OF REFUND			\$ 810.00
		8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check		
	Overpayment	Credit Deposit A/C			osit A/C #:
	Duplicate Payment		9	50 1	249
Х	No Fee Due (Explanation):	<u></u>	 		
fee was charged twice.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Denise Williams			T	TITLE: F	Petitions Examiner
SIGNATURE: Williams PHONE: ×28930					
OFFICE: Office of Petitions					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B